

# **EXHIBIT G**

**Dawn Gough**

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK**

In re Terrorist Attacks on September 11, 2001	03-md-1570 (GBD)(SN) ECF Case
This document relates to: <i>Johnson, et al. v. The Islamic Republic of Iran</i>	18-cv-12344 (GBD)(SN) ECF Case

**DECLARATION OF DAWN GOUGH**

I, Dawn Gough, pursuant to 28 U.S.C. § 1746, do hereby declare under penalty of perjury as follows:

1. I am more than eighteen (18) years of age and I have personal knowledge of and am competent to testify to the matters stated in this declaration.
2. I was a citizen of the United States on September 11, 2001, and I remain so today.
3. On September 11, 2001, I was employed as a school crossing guard by the Lakehurst Police Department, Lakehurst, New Jersey. That morning, after all my kids had crossed and were in the school, I went down to one of the other corners where my coworkers were talking. As we were talking, we could hear chatter on the police radio, but because the volume was turned down, we did not know what it was about. We noticed a police car racing down Route 70 toward Whiting and then saw our police chief doing the same, heading toward the naval base. We thought it was just a normal police response to some incident.
4. I returned home and met one of my neighbors who informed me she was preparing to go the store to pick up emergency supplies. When I asked her why she was doing that, she asked me if I had seen the news. I told her I had not and she said I should turn on the television. I went inside and I immediately saw the reports of a plane striking one of the towers of the World

Trade Center (WTC). As I continued to watch the reports, I saw the second plane hit the other tower and realized that we were under attack.

5. I called my husband, who was a paramedic with Monmouth Ocean Hospital Service Corporation, to see if he was aware of what was happening. He told me he was aware of the attacks. I asked him to keep me updated and, as I was a trained emergency medical technician, to let me know if they needed my help. After my afternoon shift was over, I went to my husband's office to see if I could be of assistance anywhere. When I arrived, he updated me on the situation and asked me to stand by in case I was needed. I do not recall any other details that day other than the drive home that evening.

6. The next day my husband put our names on a list as volunteers to help in any way with the search and rescue, recovery effort. On September 13 he received a call from New York requesting that he come the following day. On September 14, ten of us traveled to New York and reported to the Jacob Javits Convention Center. Within an hour of signing in at the Javits Center we were told we were needed at the pit. We walked to Ground Zero through ankle deep gray mud from the dust and debris from the collapse of the buildings.

7. A staging area had been set up at Ground Zero by the New York City Fire Department (FDNY) and from there we were assigned to the pit to assist on the bucket brigade moving debris and evidence off the pile. We were there for sixteen hours. When we finally left that night, we rode back to New Jersey in silence.

8. On September 16 we were dispatched to assist at Fresh Kills Landfill on Staten Island. We went to the landfill with our K-9 unit and sifted through the debris for human remains that was being brought in from the WTC, whenever the dogs alerted. We worked at the landfill from September 16 until October 24.

9. I developed a cough on September 14 and it persisted the remainder of that fall. I was coughing up thick, gray phlegm and mucus. I thought it was related to my seasonal allergies until someone mentioned that I likely had “the Trade Center cough.” Also, during this time, I was experiencing nightmares of the incident and the deployments. Months later I began having olfactory flashbacks. I could be doing anything and suddenly I would smell the strong odors from the pit and from Staten Island. It usually takes several minutes for me to ground myself and realize I am not there. If I am in a city environment, I am hypervigilant, especially if I hear sirens. I do not like to be in crowds and, indoors, I must always know where the exits are located. I have been in therapy for many years trying to deal with the things I saw and experienced at Ground Zero and the landfill.

10. I learned of the monitoring program run by the World Trade Center Health Program (WTCHP) from one of the paramedics that had volunteered with us at Ground Zero. Since I was still experiencing mental and physical problems, I decided to make an appointment. I was accepted into the program and was given a comprehensive examination that included chest x-rays and a pulmonary function test in addition to blood work and a physical examination. My physical and mental injuries and conditions were confirmed through the World Trade Center Health Program (WTCHP) to be related to my experience after 9/11. I continue to be monitored by the program every year.

11. Following the evaluation of my conditions by the WTCHP, I pursued a claim with the VCF and was found eligible for compensation. The injuries I was found eligible for were asthma, esophageal reflux, chronic rhinitis, and chronic laryngitis. The WTCHP certified these health conditions as covered for treatment, as well as restrictive airways dysfunction syndrome (RADS) and PTSD. A true and correct copy of the VCF eligibility determination letter and the

letter from the WTCHP documenting the physical and mental injuries I suffered as a consequence of the attacks on 9/11 are submitted with this declaration as part of this exhibit.

I DECLARE UNDER PENALTY OF PERJURY that the foregoing is true and correct.

DATED this 03 day of June, 2025.

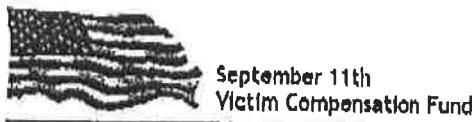


A handwritten signature in black ink, appearing to read "Dawn Gough".

Declarant Dawn Gough

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October 1, 2014

DAWN GOUGH



Dear Dawn Gough:

Your Eligibility Form for the September 11th Victim Compensation Fund (VCF) has been reviewed. You submitted an Eligibility Form for Personal Injury Claimants. Your claim number is VCF0023475. The Claims Evaluator determined that your Eligibility Form was substantially complete on October 1, 2014. As stated in the Regulations and on the Eligibility Form, by filing a substantially complete Eligibility Form, you have waived your right to file or be a party to a September 11th-related lawsuit.<sup>1</sup> For more information about this topic, please review Frequently Asked Questions (FAQ) 7.1-7.4 on <http://www.vcf.gov/faq.html>.

#### The Decision on your Claim

The VCF has determined that you meet the eligibility criteria established in the statute (the Zadroga Act and the original statute) and regulations and therefore the VCF will review your Compensation Form and supporting materials to determine the amount of any award. Based on the information you submitted and information the VCF has received from the World Trade Center Health Program (WTCHP), you have been found eligible for the following injuries:

- CHRONIC LARYNGITIS
- CHRONIC RHINITIS
- ESOPHAGEAL REFLUX
- UNSPECIFIED ASTHMA

Please note that there are several reasons why an injury that you think should be eligible is not listed above. First, for non-traumatic injuries, the description of the injury is based on the information provided by the WTCHP and there can be several alternative descriptions for the same injury. Additionally, a WTCHP physician may have provided testing or treatment for an injury even if the WTCHP has not certified that injury for treatment. Finally, your injury may not be listed if it was only recently certified for treatment by the WTCHP. The VCF regularly receives updated information from the WTCHP and will notify you if additional injuries have become eligible.

#### What Happens Next

<sup>1</sup> The Statute (the Air Transportation Safety and System Stabilization Act as amended by the Zadroga Act) and the Regulations are located at <http://www.vcf.gov/lawRulesOtherDocs.html>.

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September 11th  
Victim Compensation Fund

The VCF will determine your compensation award based solely on the eligible injuries listed above. In order for the VCF to do so, you must submit the Compensation Form for Personal Injury Claimants and the required supporting documents. If you have not already done so, please submit the Compensation Form and the required supporting documents as soon as possible. You are encouraged to submit the Compensation Form through the VCF's web-based claim system at [www.vcf.gov](http://www.vcf.gov). If you wish to complete the Compensation Form in hardcopy, you may request the form by contacting the toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-353-0358.

In addition to the Compensation Form, please also complete and submit the VCF ACH Payment Information Form. This form can be found on our website in Section 8 of the Frequently Asked Questions (FAQs). The completed form must be submitted before the VCF can arrange for any payment.

The VCF will be able to determine your compensation award based on the eligible conditions after all compensation related documents are submitted. When you receive an award letter, you will have the right to appeal. In that appeal, you have the right to assert additional injuries that you believe are eligible and for which you believe you should be compensated. For purposes of the statutory deadlines, the injuries listed in your claim form and the injuries certified as eligible will be deemed "filed". You will receive instructions on the appeal process when you receive the letter with details of your compensation award.

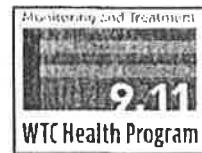
If you have questions about the information in this letter or the claims process in general, please contact our toll-free Helpline at the number noted above. Every effort will be made to respond to your inquiries as soon as possible.

Sincerely,

September 11th Victim Compensation Fund

cc: DAWN GOUGH

WTC Health Program  
PO Box 7002  
Rensselaer, NY 12144



Dawn Gough

Re: 911012364

09/30/2015

Dear Dawn Gough:

This letter is to inform you that after reviewing the medical information provided by the Rutgers, Robert Wood Johnson Medical School EOSHI Clinical Center of Excellence (RU), the World Trade Center (WTC) Health Program has certified the following health condition(s) as covered for treatment benefits:

Date of Certification	Condition Category on List of WTC-Related Health Conditions*	Certification Category or Injury
9/11/2015	Aerodigestive	Gastroesophageal Reflux Disease Please Contact your WTC Physician for Specific Information
9/11/2015	Aerodigestive	Upper Respiratory Disease Please Contact your WTC Physician for Specific Information

\* As listed in the James Zadroga 9/11 Health and Compensation Act of 2010 and/or 42 C.F.R. § 88.1

Our records also indicate that in the past you were certified for the following health condition(s) as covered for treatment benefits:

Date of Certification	Condition Category on List of WTC-Related Health Conditions*	Certification Category or Injury
7/1/2011	Aerodigestive	Gastroesophageal Reflux Disease Please Contact your WTC Physician for Specific Information
7/1/2011	Aerodigestive	Obstructive Airway Disease Please Contact your WTC Physician for Specific Information
7/1/2011	Aerodigestive	Upper Respiratory Disease Please Contact your WTC Physician for Specific Information
7/1/2011	Mental Health	Please Contact your WTC Physician for Specific Information

\* As listed in the James Zadroga 9/11 Health and Compensation Act of 2010 and/or 42 C.F.R. § 88.1

In addition, the following health condition(s) medically associated with your WTC-related health condition(s) have also been certified as covered for treatment benefits:

*Dawn Gough*

Date of Certification	Condition Category on List of WTC-Related health Conditions*	Medically Associated Condition
9/11/2015	Medically Associated to Aerodigestive	Obstructive Sleep Apnea

\* As listed in the James Zadroga 9/11 Health and Compensation Act of 2010 and/or 42 C.F.R. § 88.1

**The WTC Health Program will only provide payment for medically necessary treatment(s) authorized by your WTC Health Program physician for your certified health condition(s) by a WTC Health Program participating provider.**

If you would like more information or believe that a health condition is missing, incorrect, or should be removed, please discuss this with RU at 732-445-0123. If the information in this letter is correct, no further action is necessary.

Sincerely,



John Howard, M.D.,  
Administrator, World Trade Center Health Program  
Copy to: Director, Clinical Center of Excellence